

**Center for Educational Performance and Information  
MEIS Security Agreement to Submit Data for the  
School Code Master (SCM)**

District Code: \_\_\_\_\_ ISD Code: \_\_\_\_\_

District Name: \_\_\_\_\_

- Step 1.** Name of the designated individual whom the Superintendent or Chief Information Officer authorizes to submit the SCM data for the district

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone number

- Step 2.** For the authorized individual: If you already have a MEIS account, go to Step 4. Separate security agreements must be completed and faxed in for each MEIS application (e.g., Single Record Student Database, School Code Master, School Infrastructure Database, School Meals, Registry of Educational Personnel, Credential Data Exchange, Grants, Pupil Transportation). If you do not already have a MEIS account number, use Netscape or Internet Explorer to access the Internet and go to the following URL: <http://meis.mde.state.mi.us>

- Step 3.** Click on the **MEIS USER MANAGEMENT** link. There you will be instructed on how to create a new account.

- Step 4.** Once a MEIS account number is obtained, please enter the following requested information:

Authorized MEIS Account Number: \_\_\_\_\_

- Step 5.** For the authorized individual: ***Please sign below.***

I agree to protect my user identification and password from unauthorized use. I understand all access under my user ID is my responsibility. I am familiar with my district's FERPA policy. *(Please complete the next line if you are replacing a formerly authorized individual.)*

\_\_\_\_\_  
Name of Formerly Authorized Individual

\_\_\_\_\_  
Account Number

- ☐ Please remove this individual from the SCM application (i.e., s/he is no longer responsible for the SCM).  
☐ Please close this individual's MEIS account (i.e., s/he is no longer employed by this district).

\_\_\_\_\_  
**Signature of Individual to be Authorized**

\_\_\_\_\_  
Date

- Step 6.** For the Superintendent or Chief Information Officer: ***Please sign below.***

I attest that the above named individual is authorized by me to submit SCM data to the Michigan Education Information System for my district and that the data are current and accurate.

\_\_\_\_\_  
Name of District/Agency

\_\_\_\_\_  
**Signature of Superintendent/Chief Information Officer/Designee**

\_\_\_\_\_  
Date

- Step 7.** Mail or fax this form to:

**Center for Educational Performance and Information  
110 West Michigan Avenue, Suite 600  
Lansing, Michigan 48913  
Fax #: 517-335-0488  
Email: [Help-Desk@michigan.gov](mailto:Help-Desk@michigan.gov)**